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Health Care '99

A Guide to Health Care in Alberta

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Alberta's Health System

How the Health System Works in Alberta

Health services in Alberta are delivered by 17 regional health authorities, two provincial health authorities, health professionals in fee-for service practice, and others who provide equipment, supplies and services.

The **Alberta government** has redefined its role from direct service provider to setting strategic direction for the health system through policy, legislation and standards; allocating resources; helping develop and support the health system; and administering provincial programs, such as the Alberta Health Care Insurance Plan, air ambulance services, communicable disease control expertise, and the Alberta Aids to Daily Living program. Government also works closely with the regional and provincial health authorities to fund, monitor and improve services provided by health authorities.

Seventeen **regional health authorities** are responsible for hospitals, continuing care facilities, community health services and public health programs. They deliver health services in each region and work with local communities to deliver health services to local residents.

Two **provincial health authorities** — the Alberta Cancer Board and the Alberta Mental Health Board — provide cancer and mental health services on a province-wide basis.

Albertans Using Their Health System

In 1997-98, over 2.4 million people used the health system at least once. Over 2.8 million people were registered under the Alberta Health Care Insurance Plan.

Are Albertans happy with our health care system?

Results of a survey released in July 1998 are very similar to the results obtained in the 1997 survey. The 1998 survey indicates that Albertans are pleased with the quality of health services in the province.

- Of those who *personally* received health services in the last 12 months, **86%** of the respondents said that the **quality** was excellent or good.
- Over **73%** of Albertans find health care services **accessible** throughout the province.
- Over **84%** of Albertans reported that the **results** of the care they received were excellent or good.
- Of those who *personally* received health services at a hospital in Alberta, **81%** reported that **service** was excellent or good.

While these results are positive, there is room for improvement. Government is working in partnership with regional health authorities and other stakeholders to find ways to continually improve access and quality of services in Alberta's communities.

Health System Focus

The health system has taken on a different look in the past several years as things like the increasing and aging population, improvements in technology, and fiscal realities have impacted the system significantly. Albertans have also taken a more active interest in the decisions that affect their health and so the system has adapted to meet their needs.

The system has several new focuses as a result:

Focus on community care

- The shift from institutional to community-based care means services like home care, personal and technical supports, assisted living, day programs and respite care are available to a greater extent than ever before. These services are allowing Albertans to remain independent and healthy longer.

Focus on wellness

- A primary focus of the health system should be to keep us healthy, not just treat us when we become ill or injured. Therefore, health protection and promotion programs are addressing health risks in areas where intervention can make a difference.

Focus on accountability

- The government is accountable to Albertans for how their tax dollars are invested in the health system and what kinds of results are achieved. Accountability ensures the system receives value for the funding put into it.

Focus on primary health care

- Primary health care involves the first contact an individual has with the health system. Since the restructuring that occurred in the 1990s, the regional health authorities are better able to provide integrated services to meet the needs of clients in their regions. The system is becoming more patient/consumer focused.

Our Future Health System

What does the health system of the future look like? While this is an evolutionary process, there are several key characteristics to which government remains committed:

- Alberta will continue to be part of a publicly administered health system that guarantees universal access to medically necessary hospital and medical services without user fees or extra billing.
- The Alberta health system will continue to provide benefits in excess of *Canada Health Act* requirements.
- Incremental introduction of better approaches to health care will occur as evidence demonstrates their outcomes.

How We Get There — The Next Steps

The Ministry of Health and Wellness' three-year business plan for 1999-2002 outlines government's goals for Alberta's health system. Strategic investment in the base funding of the health system will continue to ensure that priorities are addressed and long-term sustainability is achieved.

The following are key initiatives outlined in this year's business plan:

- additional funding for capital equipment and for front-line staffing to address pressures such as emergency care, long-term care, and home care
- introduction of strategies to address the health needs of an aging population including drugs for short-term acute care clients outside hospitals and the availability of health services to lodge residents
- increased capacity for delivery of complex, highly specialized, province-wide services such as bone marrow and organ transplants
- enhanced delivery of mental health services through community and facility based programs
- additional funding for the two academic health centres
- development and implementation of provincial health workforce planning
- continued refinement of the population-based funding allocation
- establishment of an Innovation Fund to encourage innovative and effective practices
- continued implementation of **alberta wellnet** to provide better information for better decisions
- improvement in services for children identified in the *Alberta Children's Initiative: An Agenda for Joint Action*

Ministry of Health and Wellness

Vision

The Government of Alberta's vision for the province is ***"A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children."***

This broader vision is reflected in Alberta Health and Wellness' vision for health: ***"Healthy Albertans living in a healthy Alberta."*** The Ministry's vision encompasses three characteristics:

- Albertans who are sick have access to quality health care services.
- Individual health and the health of all Albertans is actively promoted and protected.
- Healthy social, economic and physical environments exist and contribute to improved health.

Core Businesses of Alberta Health and Wellness

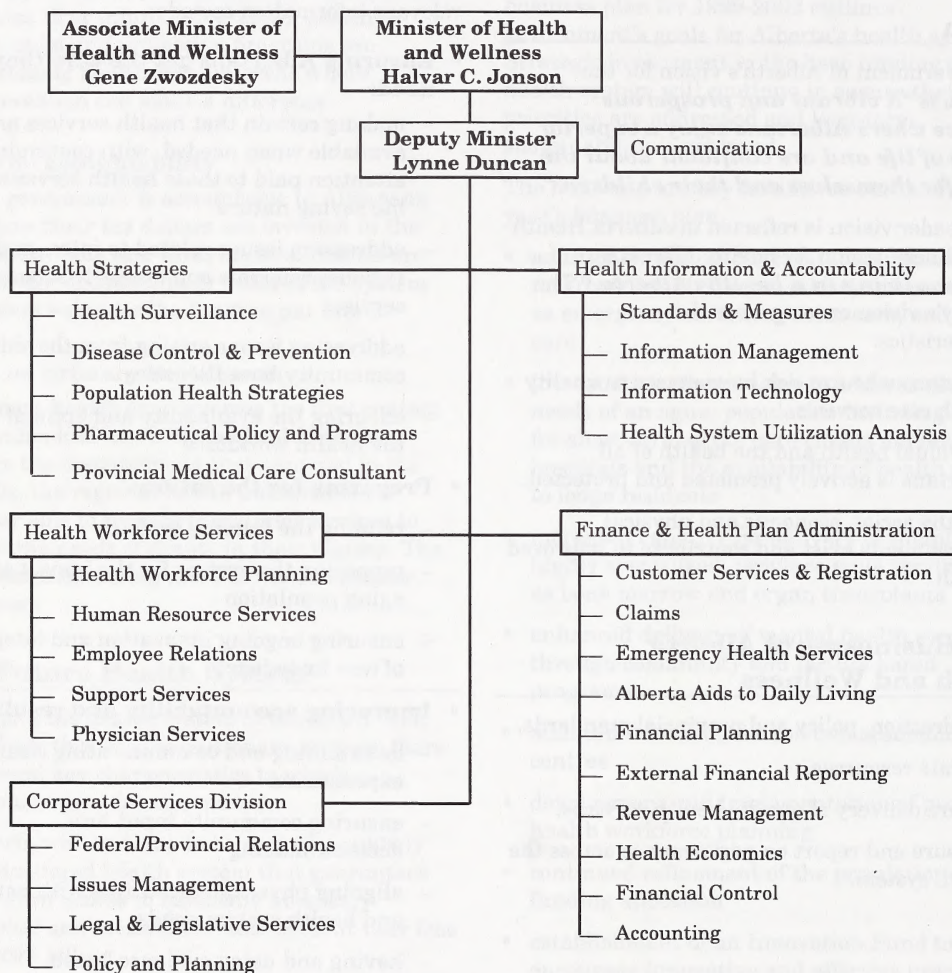
1. Set direction, policy and provincial standards.
2. Allocate resources.
3. Ensure delivery of quality health services.
4. Measure and report on performance across the health system.

Key Directions and Challenges

Priority challenges identified through stakeholder consultations and the analysis of relevant information include:

- **Ensuring Albertans get the care they need:**
 - making certain that health services are available when needed, with continuing attention paid to those health services of a life saving nature
 - addressing issues related to intra- and inter-regional referrals and access to selected services
 - addressing issues arising from the shift to community-based services
 - ensuring the availability and optimal use of the health workforce
- **Preparing for the future:**
 - refining the funding system
 - preparing the system for the impact of an aging population
 - ensuring ongoing innovation and integration of new knowledge
- **Improving accountability and results:**
 - determining and communicating clear expectations
 - ensuring community input into decision-making
 - aligning physician incentives with patient and health system needs
 - having and using evidence-based information
- **Focusing on long term health gains:**
 - addressing issues related to children's health
 - influencing major economic, social and environmental factors that impact health
 - addressing major health problems that are preventable

Ministry of Health and Wellness Organizational Chart (as of May 1999)



Alberta Health Care Insurance Plan

Provincial Health Insurance for Albertans

In accordance with the *Canada Health Act*, the Ministry of Health and Wellness provides residents of Alberta with full coverage for medically necessary physician and hospital services, as well as specific oral surgical services provided by oral surgeons, through the Alberta Health Care Insurance Plan.

The *Canada Health Act* specifies that provinces and territories must provide insured health services that are publicly funded, universal, comprehensive, portable and accessible for the province or territory to qualify for full funding under the Canada Health and Social Transfer.

In addition to meeting the requirements specified in the *Canada Health Act*, the Alberta government has chosen to provide full and/or partial coverage for **many other** health care services such as:

- long-term care
- home care
- immunization programs for children
- mental health services
- extended health benefits for senior citizens, recipients of the Widow's Pension, and the dependents of both
- health promotion and injury/disease prevention services
- protection from environmental health hazards
- community care and support
- respite care
- palliative care
- basic medical equipment
- air ambulance service
- communicable disease monitoring
- coordination of specialized treatment for tuberculosis and sexually transmitted diseases

- optometry services (for residents under 19 and over 65 years)
- chiropractic services
- podiatry services
- physical therapy
- respiratory therapy
- occupational therapy
- speech pathology

The health of Albertans is one of government's main priorities. As a result, Alberta will continue to provide **extra** services in addition to those required by the *Canada Health Act*.

Premium Facts

- In 1999-2000, the government will receive approximately \$690 million in health care insurance premiums, which covers about 14% of the cost of health services provided in Alberta.
- An estimated \$20.0 million will also be received from Alberta Blue Cross premiums in 1999-2000.
- Monthly Alberta Health Care Insurance Plan premiums are \$34 per individual and \$68 for a family.
- The last Alberta Health Care Insurance Plan premium increase was July 1, 1995.
- As of December 31, 1998, a total of 2,887,705 Albertans were registered with the Alberta Health Care Insurance Plan.

Premium Assistance

To meet government's commitment to provide quality health care services that are accessible to all Albertans, subsidies are available for those who are unable to pay full premiums.

Non-Seniors

Approximately 274,596 Albertans currently receive premium assistance, which is 11,000 less than last year.

There are two programs available to assist low income non-seniors with their premiums:

- Based on the previous year's income tax return, the Premium Subsidy Program offers low income earners a subsidized rate geared to income.
- The Waiver of Premiums Program is based on an individual's current financial situation.

Seniors

Lower income seniors are assisted through the Alberta Seniors Benefit program.

- A single senior with a total income of less than \$20,825 is eligible for a subsidy.
- A senior couple with a total income of less than \$32,650 is eligible for a subsidy.
- Approximately 141,871 seniors' accounts are subsidized.
- Premiums are **not** required on 60% of seniors' accounts, the same percentage as last year.
- Partial premiums are required on 4% of seniors' accounts, the same percentage as last year.
- Full premiums are required on 35% of seniors' accounts, the same percentage as last year.

Extended Health Benefits

The Extended Health Benefits program of the Alberta Health Care Insurance Plan provides limited coverage to eligible Albertans for eye care and dental services, such as eyeglasses and dentures. Patients are also responsible for some of the costs.

- These benefits are provided on a cost-shared basis to:
 - seniors (Alberta residents age 65 and older)
 - seniors' spouses and dependents
 - widows/widowers who are receiving a widow's pension under the *Widow's Pension Act*.
 - dependents of widows/widowers
- Services provided under the Extended Health Benefits program by dentists, optometrists and opticians totaled \$18.1 million in 1997-98, an increase of 6.25% compared to the previous year.

Travelling Outside Canada

The cost of health care services outside Canada can be extremely high. Anyone travelling outside Canada should purchase additional health insurance even for short trips, such as one-day excursions by car to the United States.

If an Albertan does not purchase additional health insurance and becomes ill or injured while abroad, he/she will be **totally** responsible for any hospital and physician costs incurred that exceed basic coverage by the Alberta Health Care Insurance Plan.

- The maximum paid by the Alberta Health Care Insurance Plan for insured hospital inpatient care provided outside of Canada is \$100 (CDN) per day, not including the day of discharge.
- The maximum paid for hospital outpatient care, including emergency care, is \$50 (CDN) per visit.
- Physician fees outside of Canada are paid at the same rates that an Alberta physician would be paid for the same or similar service provided in Alberta.

Regional Health Authorities

What is a Regional Health Authority?

Regional health authorities are responsible for hospitals, continuing care facilities, community health services, and public health programs. They deliver health services in the region and work with local communities to deliver health services to local residents.

According to the *Regional Health Authority Act*, each regional health authority is required to:

- promote and protect the health of the population within the region and work to prevent disease and injury;
- assess, on an ongoing basis, the health needs of the region;
- determine priorities in providing health services in the region and allocate resources accordingly;
- ensure that reasonable access to quality health services is provided in and through the region;
- promote health services in a way that responds to the needs of individuals and communities, and supports the integration of services and facilities in the region;
- prepare and submit to the Minister of Health and Wellness a proposal for a health plan for the region. The health plan must contain a statement on how the regional health authority proposes to carry out its responsibilities and to measure its performance in carrying out these responsibilities, and;
- provide an annual report to the Minister of Health and Wellness in accordance with the regulations.

Business Plans and Annual Reports

The regional and provincial health authorities are required by law to develop business plans and annual reports. These plans and reports are made available to the public to ensure the health authorities are accountable to Albertans.

Business plans state the health authorities' responsibilities and results to be achieved. They

indicate how responsibilities will be carried out to achieve results, and how progress will be measured.

Health authorities are responsible for carrying out their business plans and explaining any variation between planned and actual performance. This is done formally in the annual report at the end of each fiscal year.

Annual reports help health authorities develop their next business plan. An annual report informs Albertans about both achievements and priorities for improvement that should be addressed in the next business plan. Developing business plans and reporting on the results achieved are key to continually improving health services.

In addition to making health authorities accountable to Albertans, developing business plans enable health authorities to work with each other, their communities, community health councils, professional/technical committees and other stakeholders.

Provincially required **public health targets** are established for all health authorities. These shared goals link the strategies and operations of health authorities with the Ministry of Health and Wellness' business plan, which sets strategic directions for the health system as a whole.

Public Health Targets

Some examples of required provincial public health targets for health authorities include:

- life expectancy at birth is targeted at 77 years for males and 83 years for females
1996: 76.0 for males and 81.3 for females
- at least 75% of the population age 12 and over do not smoke
1996-97: 72% of Albertans 12 and over did not smoke
- at least 70% (age 18 to 64) report excellent or very good health
1998: 67% reported excellent or very good health
- at least 75% (age 65 and over) report good, very good or excellent health
1998: 71% reported good, very good or excellent health

- at most, 5.5% of live newborns weigh under 2500 gm (low birthweight)
1997: 6.2% of Alberta's newborns weighed less than 2500 gm
- at most, the infant mortality rate would be 6.0 per 1,000 live births
1997: 4.9 per 1,000 live births
- 45 of 100,000 for death due to injury (including suicide, homicide and accidents)
1996: 52 of 100,000
- E. Coli Colitis target is no more than 4 per 100,000
- Pertussis target is no more than 18 per 100,000
- Tuberculosis target is no more than 4.5 per 100,000
- 75% of women age 50 and over to have mammography screen for breast cancer every two years
1996-97: 72% of women age 50 and over
- at least 97% of two year olds are immunized to standard (Note: standard has been revised)
1996: 80% of two year olds immunized

Community Health Councils

Community health councils ensure Albertans have the opportunity to be involved in influencing policy and shaping health services in their communities. These advisory councils are made up of community representatives whose main function is to consult with the public to ensure their needs are being addressed.

Community health council regulations have been passed to allow regional health authorities to plan the role and function of community health councils in their business plans. Regional health authorities are now in the process of submitting bylaws to formally establish community health councils under the regulations.



Major Communities by Region

1 Chinook Regional Health Authority

Aetna	Diamond City	Hartleyville	Monarch	Standoff
Barnwell	Enchant	Hays	Mountain View	Stirling
Barons	Fareham	Hazell	New Dayton	Taber
Bellevue	Fort Macleod	Hill Spring	Nobleford	Turin
Blairmore	Frank	Iron Springs	Picture Butte	Vauxhall
Brocket	Glenwood	Leavitt	Pincher	Warner
Cardston	Glenwoodville	Lethbridge	Pincher Creek	Waterton Park
Coaldale	Granum	Lundbreck	Pincher Station	Wrentham
Coalhurst	Grassy Lake	Magrath	Raymond	
Coleman	Hardieville	Milk River	Spring Coulee	

2 Palliser Health Authority

Acadia Valley	Dauntless	Hilda	Ralston	Sibbald
Bassano	Duchess	Irvine	Redcliff	Suffield
Benton	Dunmore	Manyberries	Rolling Hills	Tilley
Bindloss	Elkwater	Medicine Hat	Rosemary	Vale
Bow Island	Empress	New Bridgen	Scandia	Walsh
Brooks	Etzikom	Oyen	Schuler	
Burdett	Foremost	Patricia	Seven Persons	

3 Headwaters Health Authority

Aldersyde	Cayley	High River	Mossleigh	Stavely
Arrowwood	Champion	Kananaskis	Nanton	Turner Valley
Banff	Claresholm	Lake Louise	Okotoks	Vulcan
Black Diamond	De Winton	Lomond	Parkland	Waiparous
Blackie	Exshaw	Longview	Queenstown	
Canmore	Ghost Lake	Milo	Royalties	
Carmangy	Harvie Heights	Morleyville Settlement	Seebe	

4 Calgary Regional Health Authority

Airdrie	Calgary	Cochrane	Irricana
Beiseker	Chestermere	Crossfield	Langdon
Bragg Creek	Lake	Indus	Shepard

5 Health Authority #5

Acme	Craigmyle	Hussar	Rosebud	Sunnyslope
Cambria	Cremona	Linden	Rosedale Station	Swalwell
Carbon	Delia	Michichi	Rowley	Three Hills
Carseland	Didsbury	Midlandvale	Rumsey	Wayne
Carstairs	Drumheller	Morrin	Sheerness	Western Monarch
Cereal	East Coulee	Munson	Standard	Youngstown
Cessford	Gleichen	Nacmine	Stanmore	
Cluny	Hanna	Rockyford	Strathmore	

6 David Thompson Regional Health Authority

Alhambra	Clive	Hobbema	Meeting Creek	Rimbey
Alix	College Heights	Huxley	Mirror	Rocky Mountain
Bashaw	Condor	Innisfail	Morningside	House
Benalto	Delburne	Iola	Nordegg	Sundre
Bentley	Dickson	Jarvis Bay	Norglenwold	Sylvan Lake
Birchcliff	Eckville	Lacombe	Olds	Tees
Blackfalds	Elnora	Leedale	Parkland Beach	Torrington
Bluffton	Gull Lake	Leslieville	Penhold	Trochu
Bowden	Half Moon Bay	Lousana	Ponoka	Wimborne
Caroline	Hoadley	Markerville	Red Deer	

7 East Central Regional Health Authority

Alliance	Chauvin	Forestburg	Kinsella	Rochon Sands
Altario	Clandonald	Gadsby	Kitscoty	Rosalind
Amisk	Clark Manor	Galahad	Lougheed	Round Hill
Battleview	Consort	Halkirk	Mannville	Ryley
Bawlf	Coronation	Hardisty	Marwayne	Sedgewick
Big Valley	Czar	Hay Lakes	Mclaughlin	Stettler
Bittern Lake	Daysland	Hayter	Metiskow	Strome
Blackfoot	Dewberry	Heisler	Minburn	Tofield
Bodo	Donalda	Holden	Monitor	Tulliby Lake
Botha	Edberg	Hughenden	New Norway	Vermilion
Bruce	Edgerton	Innisfree	Ohaton	Veteran
Byemoor	Endiang	Irma	Paradise Valley	Viking
Cadogan	Erskine	Islay	Provost	Wainwright
Camrose	Fabyan	Killam	Red Willow	White Sands
Castor	Ferintosh	Kingman	Ribstone	

8 WestView Regional Health Authority

Betula Beach	Entwhistle	Hornbeck	Niton	Seba Beach
Cadomin	Evansburg	Jasper	Niton Junction	Spruce Grove
Devon	Fallis	Kapasiwin	Peers	Stony Plain
Edmonton Beach	Gainford	Lakeview	Point Alison	Tomahawk
Edson	Hinton	Magnolia Bridge	Robb	Wabamun
Entrance	Hinton Collieries	Marlboro	Sandy Beach	Wildwood

9 Crossroads Regional Health Authority

Alder Flats	Buck Lake	Falun	Millet	Silver Beach
Argentia Beach	Crystal Springs	Grandeview	Mulhurst	Wetaskiwin
Brazeau Dam	Cynthia	Gwynne	Pipestone	Winfield
Breton	Drayton Valley	Lodgepole	Poplar Bay	
Buck Creek	Ermineskin	Ma-Me-O Beach	Rocky Rapids	

10 Capital Health Authority

Ardrossan	Edmonton	Nisku	St. Albert	Warburg
Beaumont	Golden Days	North Cooking Lake	St. Albert Settlement	Whitcroft
Buford	Itaska Beach	Oliver	St. Paul Junction	Wyeclif
Calmar	Josephburg	Riverbend	Sundance Beach	
Campbelltown	Kavanagh	Rolly View	Sunnybrook	
Clover Bar	Leduc	Sandholm Beach	Telfordville	
Cooking Lake	New Sarepta	Sherwood Park	Thorsby	

11 Aspen Regional Health Authority

Alberta Beach	Chisholm	Island Lake	Pickardville	Swan Hills
Athabasca	Chisholm Mills	Island Lake South	Rich Valley	Tawatinaw
Atmore	Clyde	Jarvie	Riviere Qui	Val Quentin
Barrhead	Colinton	Larkspur	Barre	Villeneuve
Blue Ridge	Darwell	Legal	Rochester	Vimy
Bondiss	Fawcett	Manola	Rochfort Bridge	West Baptiste
Boyle	Flatbush	Mayerthorpe	Ross Haven	West Cove
Busby	Fort Assiniboine	Mewatha Beach	Sangudo	Westlock
Calahoo	Fox Creek	Mirror Landing	Silver Sands	Whispering Hills
Calling Lake	Glenevis	Morinville	Smith	White Gull
Carbondale	Grassland	Nakamun Park	South Baptiste	Whitcourt
Cardiff	Green Court	Neerlandia	South View	Windfall
Castle Island	Gunn	Onoway	Sunset Beach	Yellowstone
Cherhill	Highway	Pibroch	Sunset Point	

12 Lakeland Regional Health Authority

Abee	Cherry Grove	Heinsburg	Morecambe	Sputinow
Andrew	Chipman	Hilliard	Mundare	St Lina
Ardmore	Cold Lake	Horseshoe Bay	Myrnam	St Michael
Ashmont	Derwent	Imperial Mills	Newbrook	St Paul
Beauvallon	Duvernay	Kikino	Noral	St Paul Des Metis
Beaver Crossing	Egremont	Lac La Biche	Pelican Narrow	Therien
Beaver Lake	Elizabeth #9	Lac La Biche Mission	Philomena	Thorhild
Beaver River #7	Fishing Lake #10	Lamont	Plamondon	Two Hills
Bellis	Elk Point	Lamoureux	Radway	Vegreville
Bon Accord	Fort Kent	Lavoy	Ranfurly	Victoria Settlement
Bonnyville	Ft Saskatchewan	Lindbergh	Redwater	Vilna
Bonnyville Beach	Gibbons	Lobstick Settlement	Riverview	Warspite
Brosseau	Glendon	Mallaig	Saddle Lake	Waskatenau
Bruderheim	Grande Centre	Medley	Smoky Lake	Willingdon
Caslan	Hairy Hill		Spedden	

13 Mistahia Regional Health Authority

Beaverlodge	Debolt	Hines Creek	Spirit River Settlement	Wembley
Berwyn	Eaglesham	Hythe	Sturgeon Heights	Whitelaw
Bezanson	Fairview	La Glace	Tangent	Woking
Bluesky	Flyingshot Lake Settlement	Little Smoky River	Valhalla Centre	
Brownvale	Grand Prairie	Rycroft	Valleyview	
Clairmont	Grande Cache	Sexsmith	Wanham	
Crooked Creek	Grimshaw	Spirit River	Watino	

14 Peace Regional Health Authority

Cadotte Lake	Girouxville	Little Buffalo	North Star	Reno
Deadwood	Guy	Manning	Notikewin	Shaftsbury Settlement
Dixonville	Jean Cote	Marie-Reine	Peace River	West Peace River
Donnelly	Kathleen	Mclennan	Peace River Landing Settlement	
Falher	L'hirondelle	Nampa		

15 Keeweenaw Lakes Regional Health Authority

Atikameg	Faust	Kinuso	Red Earth Creek	Utikuma Lake #3
Big Prairie Settlement	Gift Lake	Lesser Slave Lake Settlement	Salt Prairie Settlement	Wabasca
Canyon Creek	Grouard	Loon Lake	Sandy Lake	Wabasca Settlement
Desmarais	Grouard Mission	Peerless Lake	Slave Lake	Wagner
East Prairie #4	Heart River	Pelican Settlement	Spurfield	Widewater
Enilda	High Prairie		Trout Lake	

16 Northern Lights Regional Health Authority

Anzac	Fort Chipewyan	Fort McMurray
Conklin	Fort Mackay	Tar Island

17 Northwestern Regional Health Authority

Assumption	Fort Vermilion	Indian Cabins	Rainbow Lake
Boyer Settlement	Fort Vermilion Settlement	Keg River #1	Steen River
Buffalo Head Prairie	Fox Lake	La Crete	Sweetgrass Landing
Carcajou	Habay	Meander River	
Chateh	Hay Camp	North Vermilion	
Fifth Meridian	High Level	Paddle Prairie	

Health Spending

Budget Facts

- Reductions in health spending ended four years ago. Total Ministry of Health and Wellness spending has increased by \$1.2 billion from 1995-96, an increase of 33% over the past four years.
- Health spending is now more than \$680 million higher than in 1992-93, the year health spending reductions began.
- It was announced in Budget '99 that spending will increase by \$935 million over three years, an increase of 21%.
- Health spending for 1999-2000 will total \$4.85 billion, which means we will be spending over **\$13 million each day**. This is about \$6,500 a year for a family of four.
- Reflecting the key directions coming out of the provincial Health Summit held February 1999, there is increased funding to address the short term pressures facing the health system and to maintain a quality, publicly funded system over the long-term.
- Funding increases ensure every regional health authority gets at least a 3% increase, beyond increases for projected population growth for the coming year.
- Health spending is the province's single largest expenditure.

Transfer Payments

- The federal government changed the way it transfers funds to the provinces to support health and social programs, effective April 1, 1996. The Canada Health and Social Transfer replaced the Established Program Financing and Canada Assistance Plan transfers at that time.
- The Canada Health and Social Transfer is provided to all provinces and territories to support health, post-secondary education and social assistance programs. It is provided as a "block fund" that allows provinces and territories to allocate the transfer to health and social programs according to their priorities.
- Transfers are made up of cash payments and tax entitlements.
- The Canada Health and Social Transfer cash transfer is allocated to the Ministries by Alberta Treasury. The current departmental allocations are:

Health:	48.2%
Advanced Education:	16.6%
Family and Social Services:	35.2%

Cash Transfer Payments to Alberta From the Federal Government for Health** (millions of dollars)

Fiscal Year	Provincial Health Expenditures	Federal Transfer Payment (cash)
1993-94 (actual)	\$4,032.9	\$750.8
1994-95(actual)	\$3,828.9	\$761.2
1995-96(actual)	\$3,653.4	\$711.9
1996-97(actual)	\$3,842.5	\$528.6
1997-98(actual)	\$4,235.3	\$434.7
1998-99 (forecast)	\$4,851.1	\$467.5
1999-2000 (budget)	\$4,464.9	\$714.4
2000-01(target)	\$5,093.7	\$703.9
2001-02(target)	\$5,400.1	\$754.2

**Excludes tax entitlements.

Reinvestment Funding for Regional Health Authorities

The significant three-year increase in health funding announced in Budget '99 focuses primarily on regional health authorities. This is evidence that government is following through on the commitment to address health system pressures by increasing resources when they are clearly needed.

- As part of the 1999-2000 health budget and business plan, total funding for health authorities will increase by \$261 million from the 1998-99 forecast expenditure, an increase of 9.2%.
- Total health spending on regional health authorities in the 1999-2000 fiscal year will be \$3.0 billion, out of the total \$4.85 billion spent on health.
- With the addition of the Province-Wide Services funding, the Capital Health Authority, at \$977.8 million, accounts for 20.1% of Alberta's health spending. Calgary Regional Health Authority, at \$899.9 million, makes up about 18.6%.

- With the additional funding, regional health authorities will hire at least an additional 1,000 full-time front-line staff in 1999-2000.
- Included in the increase in funding to Calgary and Edmonton is a \$30.1 million increase, or 13.3% for Province-Wide Services. This will increase major surgeries such as angioplasties, coronary bypasses, bone marrow transplants, craniotomies, cardiac valve procedures and kidney dialysis treatments.

Population-Based Regional Funding

In the past, health care funding in Alberta was directed to specific facilities, agencies or programs, and was largely based on previous year funding allocations. Beginning with the 1997-98 fiscal year, Alberta adopted a new method of funding regional health authorities to ensure that each region receives its fair share of available health dollars.

Under Population-Based Funding, funds are allocated to each regional health authority according to the population in the region and their estimated relative health care expenditure requirements. The population's health care expenditure requirements are measured by taking into account:

- total population base of each region
- age and gender of the population base
- socio-economic composition of the population base
- services provided by regions to residents of other regions

Because funds are allocated according to relative health care expenditure needs in the population, all regions are able to operate on a more level playing field than in the past.

Province-Wide Services Funding

Province-Wide Services funding is targeted to provide a small range of high-cost, high-tech, life-sustaining services that are funded separately from the basic health services covered under Population-Based Funding. Province-Wide Services planning, delivery and standards-setting is a collaborative between Alberta Health and Wellness, and the Calgary Regional and Capital Health Authorities.

These services are only delivered in one or two regions in the province, namely Edmonton (CHA) and Calgary (CRHA). This ensures the availability of centrally funded services to all Alberta residents regardless of where they live. Further, it avoids the need for smaller regional health authorities, which do not have the technical expertise or population base to sustain high-quality delivery for the more complex areas

of health care, from having to develop these highly specialized services.

With respect to funding for Province-Wide Services, two key factors are considered when allocating funds: the cost of delivering the service and the expected volume of service. The cost of some services may decrease due to improved technology or patient management, while the costs of others may increase due to change in practices or inflation. For 1998-99 and 1999-2000, funding was based on Alberta costs generated by the Alberta costing project.

Province-Wide Services Funding
(millions of dollars)

Regional Health Authority	1998-99 Comparable Forecast	1999-2000 Total
Calgary	\$104.22	\$119.03
Capital	\$122.87	\$135.27
Unallocated	—	\$ 2.88
Total	\$227.09	\$257.18

**Regional Health
Authority Funding**

Funding to Regional Health Authorities
(millions of dollars)

#	Regional Health Authority	1998-99 Comparable Forecast	1999-2000 Total
1	Chinook	\$136.64	\$144.15
2	Palliser	\$73.90	\$79.25
3	Headwaters	\$42.53	\$46.02
4	Calgary	\$718.52 *	\$780.91 *
5	Health Authority #5	\$36.27	\$38.57
6	David Thompson	\$138.25	\$147.83
7	East Central	\$98.96	\$104.34
8	WestView	\$36.05	\$38.95
9	Crossroads	\$32.43	\$35.12
10	Capital	\$786.45 *	\$842.51 *
11	Aspen	\$45.87	\$48.87
12	Lakeland	\$84.33	\$88.90
13	Mistahia	\$68.84	\$72.76
14	Peace	\$19.74	\$20.67
15	Keeweenok Lakes	\$16.27	\$17.36
16	Northern Lights	\$24.04	\$25.64
17	Northwestern	\$11.88	\$13.28
Total:		\$2,370.97	\$2,545.13

*Does not include funding for Province-Wide Services. See previous chart.

Programs

Community-Based Services

With the shift from institutional to **community-based care**, services like home care, personal and technical supports, community rehabilitation, assisted living, day programs and respite care are available to a greater extent than ever before. These services and advances in technology and procedures are allowing Albertans to remain independent longer.

Home Care

Home care is the single largest component of community-based services.

Eligibility for Home Care

- Based on a needs assessment, Albertans of all ages are eligible to receive professional health and support services from Home Care, providing that the cost does not exceed \$3000 per month. Some exceptions do apply.
- Professional services include nursing, physiotherapy, occupational therapy, nutritional therapy and other like services.
- Support services include homemaking and personal care services (bathing, dressing, and grooming).

Albertans Receiving Home Care Services

- As government continues to meet the needs of the community, the total number of home care clients has increased.

*Number of Albertans Receiving Home Care Services***

Year	Number of Albertans
1993 – 94	53,497
1994 – 95	58,527
1995 – 96	62,816
1996 – 97	68,449
1997 – 98	71,045

**Uses improved methodology to more accurately reflect the number of clients using Home Care Services.

Number of Home Care Hours Provided to Albertans

- Direct professional care hours rose 52% between 1993-94 and 1997-98.
- Personal care hours rose 196% between 1993-94 and 1997-98.

Associated Costs for Home Care

- Assessments, case coordination, direct professional and personal care services are provided to eligible Albertans free of charge.
- A fee of \$5 per hour, to a maximum of \$300 per month, is charged for homemaking services, based on a sliding fee schedule for individual and family income.
- In total, 80% of all clients billed for these services require less than \$250 per month of services.

Alberta Aids to Daily Living

The Alberta Aids to Daily Living (AADL) Program, in cooperation with authorizers and vendors, assists Albertans who have a chronic illness, and those who are terminally ill, to secure authorized basic medical equipment and supplies necessary to function at home or in a home-like setting.

AADL currently spends approximately \$55 million to provide medical equipment and supplies to 69,000 Albertans each year.

Authorized benefits include such things as medical-surgical equipment and supplies (other than drugs); respiratory equipment; bathing and toileting aids; walking aids; wheelchairs (manual and power); hospital beds; patient lifters; prosthetic and orthotic devices; and specialized pediatric equipment. Hearing aids are provided to those people over the age of 65 and under the age of 18.

AADL is a cost share program whereby the client pays 25% of the cost of their authorized benefit to a maximum of \$500 per family, per benefit year. Once the cost-share maximum is reached, the client qualifies for 100% coverage of authorized benefits. If a client is experiencing financial hardship, full benefit assistance is available.

Acute Care

Acute care centres, hospitals and community health centres provide Albertans with short-term health services.

- Technological advances are resulting in shorter stays in acute care centres.
- A greater emphasis on community-based services is reducing the dependency on acute care centres.
- There are approximately 100 acute care facilities in Alberta.

Ambulance Services

Ground Ambulance Program

On average, the 120 municipal, hospital-based and private ground ambulance operators in the province complete 180,000 ground ambulance trips every year. Under the Ambulance Services Act, Alberta Health and Wellness is responsible for the licensing and inspection of these ambulance operations.

Individual Albertans are responsible for payment of the initial ground ambulance transportation to a location where emergency medical services are provided.

The regional health authorities cover the cost of ground ambulance transfers for in-patients and for emergency patients who do not have private insurance. Alberta Health and Wellness funds ground ambulance transportation for seniors, recipients of the Alberta Widow's Pension and low income Albertans, under programs administered by Alberta Blue Cross. The total budget for these ground ambulance services for the 1999/2000 fiscal year is \$33.8 million.

Albertans traveling outside the province are encouraged to purchase additional health care insurance, as ambulance costs incurred outside of Alberta are not covered by Alberta's Health Care Insurance Plan.

Air Ambulance Program

In 1998, 6,300 air ambulance trips were completed by dedicated air carriers and medical crews based in 9 locations throughout Alberta. Patients are transferred by air ambulance within the province based on the urgency or instability of their medical condition and the capability of the local hospital or medical team currently available to provide care.

The Alberta Air Ambulance Program is directly administered and funded by Alberta Health and Wellness. The air carriers and medical crews, as well as two dispatch centres, are contracted by Alberta Health and Wellness to provide dedicated air ambulance services to Albertans. Alberta Health and Wellness may also arrange and fund transportation out-of-province by commercial air carrier or chartered aircraft for patients who require medical care not available in Alberta.

The total Air Ambulance Program budget for the 1999/2000 fiscal year is \$18.95 million.

Long Term Care

Long term care centres provide Albertans with regular treatment services and continuing nursing care. Traditionally, these centres have been auxiliary hospitals or institutional nursing homes. Long term care centres provide care to seniors and those with persistent mental illnesses or physical disabilities.

Albertans are eligible for long term care when they are no longer able to live independently within their communities.

Long Term Care Facts

- The need for long term care centres and alternative living arrangements is increasing as our population ages.

- There were a total of 14,396 long term care spaces throughout the province as of March 31, 1998, including assisted living facilities. This number is made up of: 12,880 long term care spaces, 180 specialized spaces, 180 spaces converted from active treatment beds, 178 sub-acute care spaces and 978 supported living alternative spaces.
- Alberta has among the lowest accommodation rates for continuing care and long term care facilities of any province in the country.

National Comparison of Accommodation Rates in Continuing Care Centres/Long Term Care Facilities (1998)

Province/Territory	Standard Daily Rate for Average Accommodation
Yukon	\$18.00 – \$21.00
Northwest Territories	\$23.75
British Columbia	\$24.80 – \$50.00
Alberta	\$24.75 – \$28.60
Manitoba	\$24.80 – \$57.90
Saskatchewan	\$25.51 – \$33.17
Quebec	\$25.90 – \$41.70
Ontario	\$41.16 – \$59.16
Prince Edward Island	\$90.00 – \$110.00
Nova Scotia	\$95.00
New Brunswick	\$87.00 – \$118.00
Newfoundland	\$93.33

Mental Health

- Mental health services in Alberta are provided by the Alberta Mental Health Board, Regional Health Authorities and other stakeholders.
- The Alberta Mental Health Board operates Alberta Hospital Edmonton, Alberta Hospital Ponoka, Claresholm and Raymond Care Centres, community mental health clinics and funds over 200 community agencies.
- The primary mandate of the Alberta Mental Health Board has been to meet the needs of individuals with severe and persistent mental illness.
- There are psychiatric inpatient and ambulatory care programs at the Lethbridge Regional Hospital; Medicine Hat Regional Hospital; Foothills Hospital, Peter Lougheed Health Centre, Rockyview Hospital, (Calgary); Red Deer Regional Hospital; St. Mary's Hospital (Camrose); Ste. Therese Hospital, (St. Paul); University of Alberta Hospital, Misericordia Hospital, Grey Nuns Hospital, Royal Alexandra Hospital, (Edmonton); Northern Lights Hospital, (Fort McMurray) and Queen Elizabeth II Hospital, (Grande Prairie). These programs are funded through the Regional Health Authorities.
- Plans to transfer community mental health clinics and funded agencies from the Alberta Mental Health Board to the Regional Health Authorities are underway. Currently negotiations are taking place with eight of the seventeen regional authorities to determine the conditions of the transfer.
- The Alberta Mental Health Board has established provincial program councils in four areas: forensic psychiatry, geriatric psychiatry, tertiary psychiatry and brain injury.
- The Children and Family Services Secretariat and the PMHAB are co-chairing a review of children's mental health services in the province. A report and three year plan are to be submitted to the Minister of Health by March 1999.
- In 1999-2000 mental health services will receive an additional \$18.6 million, a 12.5% increase, to bring the total budget allocation to \$167.7 million.

Community Rehabilitation Program

- The Community Rehabilitation Program provides audiology, occupational, physical therapy, respiratory services and speech language pathology services to Alberta residents. Access to these services is based on an assessment of need.
- Regional health authorities are required to use a portion of their annual global funding allocation for the provision of services under the Community Rehabilitation Program.
- While regional health authorities are expected to adhere to the principles and guideline of the program, they do have considerable latitude in designing and delivering these services. There is a balance between responding to the local needs of a region's residents and maintaining consistency in service provision.
- The Community Rehabilitation Program framework does not apply to rehabilitation services provided in long term care facilities or to home care recipients.

Private Health Clinics

- Whether it is your local dental office, pharmacy, or eye care clinic, privately owned and operated clinics have long been a part of Alberta's and Canada's health system.
- Private clinics may provide publicly funded health services either under the auspices of the Alberta Health Care Insurance Plan (AHCIP) or through contracts with Alberta's health authorities.
- Private clinics that offer insured services, such as cataract surgery and certain day surgery procedures, are regulated by the College of Physicians and Surgeons of Alberta (CPSA). They are accountable to the Minister of Health and Wellness and regional health authorities (RHAs) under agreements that cover the provision of insured services and associated facility fees.

- **All Albertans are eligible to receive medically necessary services without paying facility or physician fees.** Albertans also have the right to visit the physician or private clinic of their choice. However, physicians who have opted out of the Alberta Health Care Insurance Plan (AHCIP) and their patients are not eligible for reimbursement under the AHCIP.

Public Health Services

Public health programs are essential to maintaining the health of any population. They focus on health surveillance, health protection, prevention and control of disease and injury, and promotion of the health of Albertans.

A key part of public health is to work with communities to strengthen their ability to identify health issues and develop cooperative solutions to create healthy communities.

Public health programs use a "population health" approach, which addresses the social, economic, and environmental factors that affect health.

There are four major parts within public health:

- **Health surveillance** refers to collecting, analyzing, and interpreting selected data to identify public health risks/priorities and emerging issues, to describe population health status, and to detect changes in the health of the population over time.
- **Health protection** refers to identifying, reducing and eliminating hazards and risks to the health of individuals in the community and the community at large, including those posed by communicable diseases, and food-borne, drug and environmental hazards.
- **Disease and injury prevention** refers to providing early intervention services and sound information to prevent the onset of disease and injury.
- **Health promotion** refers to enabling healthy choices and developing healthy and supportive environments.

The regional health authorities are responsible for delivering a range of public health services and programs to meet the needs of the residents in their communities. Provincial health authorities are also involved in delivering some public health services. While the organization of services may vary, the following describes examples of programs offered by many regions.

- With vaccine and sera provided by Alberta Health and Wellness, the regional health authorities deliver the Alberta Immunization Program to children and adults to prevent diseases such as measles, mumps, rubella, diphtheria, tetanus, poliomyelitis, whooping cough, hepatitis B, *Haemophilus b* infection, influenza and pneumococcal disease.
- In 1998-99, the Alberta government spent \$8.7 million for the vaccine and sera component of the Alberta Immunization Program. These products are provided without charge to Albertans; however, regions charge for some services and vaccines provided outside of the established program, such as for international travel requirements.
- Special public health programs are also directed to prevent and control tuberculosis and sexually transmitted diseases. Drugs used to treat these diseases are also provided free of charge to Albertans who need them. The cost of these drugs in 1998-99 was \$465,000.00.
- Environmental health programs focus on the promotion of healthy environment practices, communicable disease control, protection of health through risk identification, risk/impact assessment, risk communication and control of chemical, physical and biological hazards affecting human health.

- Sexual and reproductive health programs promote responsible choices. This may include education on healthy sexuality, healthy pregnancy and reduction of teen pregnancies.
- Child health programs promote the optimal development of children's health. This may include well child clinics and parenting classes to help families at risk of health, behavioral and emotional problems; hereditary disease programs to help adults plan for pregnancy as well as referral and consultation; and dental programs that provide screening, education and referrals.
- Non-communicable disease and injury prevention programs include injury prevention initiatives to reduce death and disability from motor vehicle collisions and falls by elderly people; suicide prevention initiatives; and heart disease and cancer prevention programs that address multiple factors, such as nutrition, fitness, stress reduction, alcohol and tobacco use.
- Health promotion programs promote healthy lifestyle choices and skill development, and healthy, supportive environments. This may include tobacco cessation and reduction programs to reduce the hazards of tobacco use; nutrition programs to promote healthy food choices; comprehensive school health programs to create healthy environments in schools and communities; and healthy communities projects.

In addition, Alberta Health and Wellness has a number of provincial initiatives that support the regional health authorities and bring together a number of partners to promote good health and wellness of Albertans. Examples include:

- **Alberta Tobacco Reduction Alliance:** Tobacco use remains the leading cause of premature death in Alberta. To address this significant health issue, in 1998/99 government committed \$750,000 each year for four years to fund the Alberta Tobacco Reduction Alliance. In 1999, it was announced that funding for the remaining three years would increase to \$1 million per year.

- **“Think ... Think Again” Child Passenger Restraint Education and Enforcement Pilot:** Since 1996, government, RCMP, regional health authorities, the Alberta Motor Association, Alberta Children’s Hospital and Children’s Health Centre have worked in partnership to educate parents about the hazards of not using or misusing child passenger restraints. In 1998-99, government’s contribution to this program was \$85,000.
- **Alberta Centre for Injury Control and Research:** In 1998/99, government provided \$750,000 to the University of Alberta for the operations of the Alberta Centre for Injury Control and Research.

Medical Services

Increasing Demand

There are many reasons why there is an increasing demand for highly specialized surgeries. In the next decade, our population will get older and major technical advances and new devices will contribute to a greater demand for these high-tech, high-cost services, and life-sustaining services.

Number of Albertans Accessing Province-Wide Services

Province Wide Service	1993-94	1997-98
Total Inpatient Services Separations	6,508	7,946
Heart Transplants	17	22
Kidney Transplants	91	128
Liver Transplants	20	31
Bone Marrow Transplants	81	126
Lung Transplants	0	10
Cardiac Procedures	3,488	4,633
Chronic Dialysis Patients	703	983

Top Five Procedures

Top Five Procedures by Overall Cost (1997-98 fiscal year)

Procedure	Amount Paid (medical fee only)	Number of Procedures
Child Birth (vaginal)	\$9,203,461	27,973
Cataract surgery	\$9,130,695	15,233
Critical care (in hospital Emergency Rooms)	\$6,151,737	179,661
Laparoscopic cholecystectomy (gallbladder)	\$4,322,654	6,142
Sutures	\$3,655,149	59,243

Top Five Procedures by Volume (for 1997-98 fiscal year)

Procedure	Volume	Amount Paid
Skin test (airborne allergens)	711,125	\$980,228
Skin test (food allergens)	259,737	\$358,023
Cryotherapy (first lesion)	231,696	\$472,591
Critical care (in hospital Emergency Rooms)	179,661	\$6,151,737
Injections	126,810	\$625,897

Leading Causes of Death in Alberta

Leading Causes of Death in Alberta (for 1997 calendar year)

Cause of Death	Number of Deaths
Heart Disease	4,435
Cancer	4,291
Stroke	1,322
Accidental Deaths	957
Chronic airway obstruction	730

Source: Alberta Vital Statistics 1997 review

Drugs

Drug Approval Process

- The Alberta Health and Wellness Drug Benefit List defines the drugs and drug products that are covered by Alberta Blue Cross drug plans sponsored by government.
- Before a drug appears on the Drug Benefit List, it is reviewed by an independent Expert Drug Committee which makes recommendations to the Minister of Health and Wellness.
- The Expert Drug Committee includes practicing physicians, pharmacists and pharmacologists.
- Drugs are approved when they benefit Albertans therapeutically, clinically and socio-economically.
- Drugs represent approximately 8% of total provincial health expenditures.

Drug Expenditures

Alberta Health and Wellness Drug Plans Administered by Alberta Blue Cross

Year	1995-96	1996-97	1997-98
Net Drug Expenditure	\$151.2 million	\$169.4 million	\$185.2 million
Number of Prescriptions	5,928,422	6,343,578	6,587,282
Number of Persons Covered	439,629	442,661	447,144

Source: AHCIP Statistical Supplement

Leading Prescription Drugs

The three leading prescription drugs by cost to government for 1997-98 were:

- Ulcer treatment drug (Losec): \$11,720,955
- Cholesterol lowering agent (Pravachol): \$4,480,063
- High Blood pressure drug (Norvasc): \$3,517,219

Source: Alberta Blue Cross

Health Care Providers

In 1997-98, 4,282 physicians and 1,079 allied health practitioners billed the Alberta Health Care Insurance Plan (AHCIP) for Basic Health Services. (See 'Number of Physicians Billing AHCIP' table and 'AHCIP Payments to Allied Health Practitioners' table at the end of this section.) 1,992 practitioners also billed the Alberta Health Care Insurance Plan for providing dental and optical care for seniors and others eligible to receive Extended Health Benefits. (See 'AHCIP Payments to Practitioners Billing for Extended Health Benefits' table at the end of this section.)

Physicians

As of December 31, 1998, a total of 4,854 physicians were registered with the College of Physicians and Surgeons of Alberta. This number is higher than the number of physicians who

billed the AHCIP since it includes all licensed physicians. Some licensed physicians may not bill the AHCIP directly. For example, pathologists are paid by the regional health authorities, some physicians may not provide clinical services, and other physicians work for private corporations or organizations, such as the Workers' Compensation Board.

How are Physicians Paid?

- Most physicians are paid on a fee-for-service basis. The provincial government pays physicians a fee for each health service they provide to insured Albertans.
- The AHCIP paid physicians a total of \$778.8 million in the 1997-98 fiscal year for fee-for-service billings. This marks a 4.8% increase from the \$743 million paid in the 1996-97 fiscal year.

AHCIP Payments to Physicians**

Year	1994-95	1995-96	1996-97	1997-98
Number of Physicians (excluding pathologists)	4,330	4,302	4,270	4,265
Payments (in millions of \$)	\$759.6	\$715.5	\$743.4	\$778.8
Average Payment per Physician	\$175,435	\$166,324	\$174,102	\$182,610

**Funding for most pathology services provided to Albertans was transferred to the regional health authorities in July 1995, so data related to these practitioners has been excluded for comparability purposes.

Number of Physicians Billing AHCIP

Year	1993-94	1994-95	1995-96	1996-97	1997-98
Number of Physicians (excluding pathologists)	4,298	4,330	4,302	4,270	4,265
Number of Pathologists	30	29	21	24	17
TOTAL Number of Physicians (including pathologists)	4,328	4,359	4,323	4,294	4,282

Allied Health Practitioners

AHCIP Payments to Allied Health Practitioners (for basic health services**)

Allied Health Practitioners	Number of Practitioners	1997-98 Payments (in millions of \$)
Oral Surgeons	232	\$1.7
Chiropractors	548	\$31.4
Optometrists	265	\$9.9
Podiatrists	34	\$4.5
Total	1,079	\$47.5

**Note: This does NOT include Extended Health Benefits services

AHCIP Payments to Practitioners Billing for Extended Health Benefits

Health Practitioners Billing for Extended Health Benefits	Number of Practitioners	1997-98 Payments (in millions of \$)
Dentists	1,381	\$10.0
Denturists	181	\$4.7
Opticians	219	\$1.9
Optometrists	211	\$1.5
Total	1,992	\$18.1

Front-line Staff

- Front-line staff are permanent full-time employees who, on behalf of health authorities, are assigned direct patient or client care responsibilities.
- As a result of the government's Action on Health initiative in 1996, regional health authorities created 1,424 full-time equivalent positions (FTEs). Of that number, 825 of these positions were registered nurses, registered psychiatric nurses and licensed practical nurses.
- New funding announced in Budget '99 will again enable health authorities to hire front-line staff — at least an additional 1,000 new, full-time, permanent positions will be created.
- Health authority funding allocations will be monitored to ensure new positions are created for emergency wards, acute care hospitals, long term care and home care.

Rural Physician Action Plan

Under the Rural Physician Action Plan (RPAP), the Provincial Government is working with the Alberta Section of Rural Medicine, the College of Physicians and Surgeons, the Alberta Medical Association, the medical faculties of the University of Alberta and the University of Calgary, the regional health authorities, and local communities to ensure that rural Albertans have reasonable access to quality physician services. In the fall of 1998, the RPAP Coordinating Committee was streamlined to increase the role of rural physicians and the committee's effectiveness.

The Rural Physician Action Plan contains a number of initiatives to recruit and retain physicians in rural and remote locations in Alberta:

Recruitment:

- providing opportunities for medical students and residents and residents to experience rural practice
- providing incentives for residents interested in rural practice to obtain special skills required in rural setting
- providing financial assistance to physicians interested in rural practice, including payment of student loans and relocation assistance
- hosting rural physician recruitment fairs
- a one-time special recruitment initiative was undertaken in 1998 and 1999, to address the most urgent rural physician shortages in Alberta. This initiative, combined with the ongoing recruitment efforts of the regional health authorities and their communities, has resulted in the recruitment of approximately 85 physicians, all of whom are expected to be in place by the spring of 1999.

Retention:

- providing opportunities for rural family physicians to re-enter post-graduate medical education to obtain a specialty certification
- providing opportunities for current rural physicians to update their skills through continuing medical education
- providing short-term locum coverage for rural physicians
- effective October 1, 1998, implementation of a new program to compensate participating rural physicians for the unique challenges of providing emergency on-call services in rural locations

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